STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES **CERTIFICATE OF DEATH** 

REG. NO.

П		CEASED NAME FIRST	٨	AIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR			
1	(TYPE	JASMYN	LE	ASHAY	BAI	LEY	October	17,	1987	2:17P M			
1	3. SE	X	4_RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS			
1	F	Female	Bla	ck	Oct	. 17, 1987		YRS	MONTHS DAYS	HOURS MIN.			
J		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	X	9 BALTIMORE CITY C			1 140			
5	(	MD.	U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	St. Mary'	g Coi	mtv	MD			
- 10		TY OR TOWN OF DEATH	11 NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON	12b. KIND C	MD. OF BUSINESS OR			
7		onardtown	St. Ma	ry's Hos	oital		(TYPE OF WORK FOR MOST O	F WORKING		/A			
0	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE MD. St. M	lary's	13a CITY OR TOWN Lex. Par	N K	13d INSIDE CITY LIMITS?	13e SIREET ADDRESS	or D	Five/2	0653			
	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA							
À		Anthony	W.	Frederi	ck	Antona	Läsh	awn	Bail	ey			
1		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Mothe	ADDRI	55 2	Windso.	r Drive			
	- (1	YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES	N/A			Bailev L	ex.P	ark,MD	./20653			
f		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), and	lici.)	rancona u.	паттеу		APPROX	MATE INTERVAL ONSET AND DEATH			
ı		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (b) 2	2 WK1 0		utional ag	e, Extrem	e	BETWEEN	DNSET AND DEATH			
1		IMMEDIA		( C	Mu	re floties							
1		Canditions, if any, which	DUE TO, OR	AS"A CONSEQUE	NCEOF	NVIABLE	FETTICS						
1		gave rise to immediate	) (b)—			7,100,17,700	16100						
1		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF											
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NITRIBUTING TO D	E ATH PLIT	NOT BELATED TO THE YEAR	NA DISEASE OF COL	DITIONS					
1	Z	THE CONTRACTOR OF THE PARTY	eonomons <u>co</u>	NATION NO TO D	LATTIBOT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	IVEN IN PART III	3.			
١	ATI	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b IF Y	ES, WERE FINDIN	NGS USED			
	CERTIFICATION						YES NO	IN CERT	TIFYING CAUSES YES	OF DEATH?			
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM TO	PART I OR PART 2)				
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19								
1	EDI	21d INJURY OCCURRED	21e PLACE C	OF INJURY	PM FTC )	211 LOCATION	CITY OR TO	WN	COUNTY	STATE			
1	2	AT WORK AT WORK	(AT NOME, SINE	ET, PACTORT, OFFICE, PA	RM, ETC J	311221				31772			
1		220.1 certify that (I) (this haspe	tal) attended the	deceased fram_		. 19	, to		. 19	that (I) (we) last			
1		sow the deceased alive on	Commence of the Second	atter doub	, or	nd that in (my) (aur) apinian c	death occurred on the de	ste and h	our and from the	couses stated			
1	- 1	77h SIGNATURE A A	700	A		DEGREE		-	22c. DATE	SIGNED			
1	4	V. 11102		20	M	ATTENDING PHYSICIAN T	MEDICAL STAI						
1		274 PHYSICIAN'S NAME THE	or payoff)	1		22e ADDRESS	DIRECTOR   PHISIC	IAIN []					
ı		KIRIT K	PATEL	MI	> .								
ŧ	23a. B	URIAL, CREMATION, REMOVAL	23b DATE		-	EMETERY OR CREMATORY	23d LOCATION						
		SPECIFY) Burial	10/19	/87 Ch	arle	s Mem.Garde		dtow	n counSTM	MD.			
1	24 FU	INERAL DIRECTOR	1				E REC'D. BY REGISTRAR						
	W.	.Clarke Matt:	ingley	Leonard	town	, MD. OC	T 22 1987		Davidson-	Coplain			
1								/		-			

DHMH - 16 60M 7/84 (VRA 15, 4)

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	S & SERVICE				
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# STATE OF MARYLAND

DEPART	MENT	OF HEALT	H AND	MENTAL	HYGIENE /	
					OF DEATH	

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13	ECEASED NAW	E FIRST		MIDDLE		c 7		1		-		-
	PE OR PRINT)	RALPH	EDV	WARD	BAIL	EY		OF DEATH M	ESTI-	NOV	7. 7.	
1. 58 M2	ALE	4. RACE WHITE	5. DATE OF BIRTH	YEAR LAST BIRTHE	DAY) MONTHS	DAYS HOU	NDER 24 HR	2c. DATE PRONOUNC DEAD	ED	MÖNTH	DAY YE	AR 2
F	BIRTHPLACE (SOME OREIGN COUNTRY)	TATE OR	76. CITIZEN OF WH		8 MARRIED WIDOWED	NEVER A	MARRIED O	9 BALTIMO	recity o	_		
P		T RIVER	NAVAL	PITAL, NURSING HOM CILITY GIVE STREET ADDRESS! HOSPITAL		INSTITUTION	12a U	SUAL OCCUPA OR MOST OF WORKIN ENG. T	TION (TYPE		OR INDU	STRY
	STATE	136 COUNT ST. N	OTHER INSTITUTION, GIV Y IARY 'S	I3c CITY OR TOWN	13		13e. S	REET ADDRESS WOOL	LAWN	N DR.	./206	19
2	IVAN	VI	CTOR	BAILEY			BELLE	MIDE			EANES	
	WAS DECEASE YES NO, OR UNKNI ES	DEVER IN U.S. ARA	NED FORCES? VAR OR DATES)	232-24-8		THELM		BAILEY	ADDRESS		AS 1	3E
	gave r	ins, if any, which ise to immediate	(b)	AS A CONSEQUENCE	-							
N	gave r couse (a lying co	ise to immediate ) stating the <u>under-</u> use last.	(c)	AS A CONSEQUENCE	OF	R CONDITION GIVEN	N IN PART 1 (g).					
TIFICATION	gave recouse (a lying co	ise to immediate ) stating the <u>under-</u> use last.	(c)ONTRIRUTING TO DEATH B	AS A CONSEQUENCE	OF MINAL DISEASE OI						2D AUTOP	
CALCERTIFICATION	gave r couse (couse (co	ise to immediate ) stating the under- use lost.  IGNIFICANT CONDITIONS COPERATION  AL CAUSE WAS	ONTRIBUTING TO DEATH B	AS A CONSEQUENCE  UT NOT RELATED TO THE TERM  TON FOR WHICH OPEN	OF MINAL DISEASE OF RATION WAS	PERFORMED?	?	R NATURE OF BYJUR	Y IN ITEM 18 P.	PART I OR PAR	YES [	
MEDICAL CERTIFICATION	gave r couse (couse (co	FOPERATION  AL CAUSE WAS  GOR  OF OR  OF COLUMN TO THE MEMORY OF DESCRIPTION TO THE MEMORY OF THE MEMORY O	ONTRIRUTING TO DEATH B  19b. CONDITI  21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE O	AS A CONSEQUENCE  UT NOT RELATED TO THE TERM  ION FOR WHICH OPEN  INJURY  MONTH: DAY YEA	OF MINAL DISEASE OF RATION WAS	PERFORMED?	?	R NATURE OF INJUR		PART I OR PAR COUL	YES [	
MEDICAL CERTIFICATION	gave r couse (o lying co  PART 2 OTHER S  19a. DATE O  21a EXTERN UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK	FOPERATION  AL CAUSE WAS  GOR OR  OCCURRED  NOT WHILE  AT WORK  At the thick of the control of t	ONTRIRUTING TO DEATH B  19b. CONDITI  21b. TIME OF HOUR A.M.  21c PLACE O STREET, FACTO  e of the remains desc	AS A CONSEQUENCE  UT NOT RELATED TO THE TERM  ION FOR WHICH OPE  INJURY  MONTH: DAY YEA  19  IF INJURY (AT HOME, DRY, FARM, ETC.)	OF  MINAL DISEASE OF  RATION WAS  211. HOW	VINJURY OCC	CURRED (ENTE		and,		YES [	
MEDICAL	PART 2 OTNER S  19a. DATE O  21a EXTERN UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK  22a. I cert death resul	FOPERATION  AL CAUSE WAS OR NG CAUSE OF DOCCURRED NOT WHILE AT WORK  If that I taok charge ted fram:  NAME	ONTRIBUTING TO DEATH B  19b. CONDITI  21b. TIME OF HOUR A.M.  EATH P.M.  21e PLACE O STREET, FACTOR  of the remains described to the courses all courses	AS A CONSEQUENCE  UT NOT RELATED TO THE TERM  ION FOR WHICH OPE  INJURY  MONTH DAY YEA  19  IF INJURY (AT HOME.  DRY, FARM, ETC.)  Tibed obove, held on  Accident . St	MINAL DISEASE OF RATION WAS  211 LOCA STRE  Autopsy uicide	TITLE (SPECIF	CURRED (ENTE	Inquiry Cetermined month	ance ,	coul	YES [	

BP\_ 07/84 25M DHMH -

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

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FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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072035 NOV 17	87	STATE REGISTRAR		DEPAK		ICATE OF DEATH	REG. N	10.				
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
noy be poge 3	(ITTE	LOUISE	E A	ANNA	CH	ASE	NOVEMBER	10,	1987	3:00 am		
moy pod	3. SE	X	4. RACE		5. DATE		& AGE (IN YEARS LAST B	RTHDAY	MONTHS DAYS			
ctor.		FEMALE	BLACE	ζ	MA		69	YRS	MONTHS DATS	HOURS MIN.		
Page 4 mo director, pc hours offer c	7a. B1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	(2 0		9. BALTIMORE CITY OR COUNTY		Y OF DEATH			
oth.	(	MARYLAND	11.5	S.A.	WIDOW	D NEVER MARRIED DIVORCED	ST. MARY'S			MD		
de fun	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION				OF BUSINESS OR		
등 후하/ 표/		CONARDTOWN	RT. #1		C, CED.	AR LANE ROAD	HOMEMAKER		LIFE) INDUSTRY			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 and the state of the st	13a S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO ARYLAND ST.	OR OTHER INSTITUTION UNITY  MARY S	13c. CITY OR TO LEONARI	WN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	OX 35	C	20650		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. FA	THER'S NAME	M IDDLE	LAST		15. MOTHER'S MAIDEN NA						
D Se pour		WILLIAM	FRANK	THOMAS	S	SARAH MADELINE COUNT				TESS		
RE, I	16a. V	VAS DECEASED EVER IN U.S.		166 SOCIAL SEG	CURITY NO.	17 INFORMANT	RT. #1, BOX 35C					
IMORE,		YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	217-24-6399 HOWARD R. CHASE, LEONARDT						. 20650		
ALTI			only one couse ne							XMATE INTERVAL		
ich w. PRESTON ST., BALTI s that the death certificate be ed by the attending physician lease remove carbon papers. rial, cremation, or removal. or other traumatic event, the		PART I. DEATH WAS CAU	AUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  ART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Caraciante fricaling Fraction									
N SI		IMMEDI	DUE TO, OR AS, A CONSEQUENCE OF									
death death offending over control of troumof		Conditions if any which	ditions, if any, which ( (b) was take Carcinome									
e deor mostern notion		gave rise to immediate										
W. P. Sere		underlying couse last.	puse (a), stating the 1 DUETO, OR AS A CONSEQUENCE OF									
s the		D. D. C.	(c)		DEATH BUI	NOV DELATED TO THE TERM	illi District on col	INDITION O	D/FALINI DADT 1			
RDS, 2 equires n signe Then p rto bur	N O	PART 2. OTHER SIGNIFICAN	I CONDITIONS C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM						.a-		
	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	OITION FOR WHIC	HOPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED S OF DEATH?		
ALR the start of the start of t							YES NO		YES 🗌	NO 🗌		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	3 PART I OR PART 2}			
0 0 0 0	18	(IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH	P.M.	19							
NO THE TANKS	MEDICAL	21d INJURY OCCURRED		OF INJURY	F FARM FIC )	21f. LOCATION STREET	CITY OR I	OWN	COUNTY	STATE		
IVIS after the the	2	AT WORK AT WORK	(Al Home 5	rect, ractori, offic	E TARM, ETC.							
D O O O O O O O O O O O O O O O O O O O		22a.1 certify that (I) (this has	spital) attended t	he deceased from	1		, to		. 19	, that (I) (we) last		
TH 07 4 2		sow the deceased alive above, (I) (we) (did) (did	onthe had	19	, o	nd that in (my) (our) opinion	death occurred on the	date and h	our and from the	e couses stated		
OR A DIREC Dept.		226. SIGNATURE			~	DEGREE			22c. DAT	ESIGNED		
		( UI	coho	-e 1	4)	ATTENDING PHYSICIAN C	MEDICAL ST.	AFF	11-11	1-87		
HOSPITAL sinned by 1 FUNERAL policible der th the Storte PORTANTI.	ł	226 PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS			17			
HOSPIT med by FUNER old be the Sit	ı	U. SHAH, M	D			I.FONARDT	OWN, MARYLA	AND 20	1650			
0 # 0 4 # 3 +	22- 0	BURIAL, CREMATION, REMOVA		1 22	NAME OF	EMETERY OR CREMATORY	23d LOCATION	**12 2				
	230 6	surial, cremation, remov. (specify) BURIAL					CITY OR TOWN	у ст	MADVIC	MDSTATE		
BP	BURIAL 11/12/87 ST. JOSEPH'S MORGANZA, ST. MARY'S,  24 FUNERAL DIRECTOR  FINANCE OF THE PROPERTY OF THE PROPER							anter TID .				
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME		ADDRESS	. DDS:	N. MD. NOV	1 6 1987	The KEG	M. Decarda Sura of	TUKE		
(VKM 13, 4)	EI	OWARD N. BRINS	FIELD, J	R., LEON	ARDTOW	N, MD. INUV	10 10-1	4				

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

1887 5 VON

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

retained by the haspital ar attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stwith the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

the funeral director, page 250

and campletely

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

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	REGISTRAR				CERTIF	CATEOF	DEATH	REG. N	0.			
1.95	EASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR	
ייינ	OK PKINI)	RANKLI	N AL	OYSIUS	GODE	ARD		NOVEMBER	15.	1987	7:00	аи
3. SE)			4 RACE	01010	5. DATE O	F BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24	HRS
	MALE		CAUCAS	IAN	OCT.	9.	1938	49	YRS.	MONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8		MARRIED -	9. BALTIMORE CITY		Y OF DEATH		
	ARYLAND		U.	S.A.	WIDOWE		ONORCED [	ST. MA	RY'S			MD
10 CI	TY OR TOWN OF	EATH	11. NAME OF	HOSPITAL, NURSI		R OTHER IN	STITUTION	120 USUAL OCCUPAT	ION		OF BUSINESS	
	AVENUE			EY ROAD.		23		MECHANIC	JP WUKKING [		SERVI	CE
USU/ 13a. S	AL RESIDENCE (FN	ITSING HOME OF	OTHER INSTITUTION.		RE ADMISSION)		CITY LIMITS?	13e. STREET ADDRESS				
	RYLAND		MARY'S	AVENUE		YES [	NO 🔯	BOX 123,	DAKLE	Y ROAD	2060	19
-	THER'S NAME					15. MOTHE	R'S MAIDEN NA	ME				
L.	ROBERT		ODLEY	GODDAR	D		CATHERIN	MIDDLE I.E.		COA		
	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166. SOCIAL SEC		17. INFORM			繁 12	3, OAKL		
,	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	218-38-	5565	MARG	ARET L.	GODDARD, A	VENUE	, MARYL	AND 20	160
	18. CAUSE OF DE	ATH /Enter as	ly nne cause per								OMATE INTERVA	_
	PART I. DE ATH	WAS CAUSE	D BY:	Proling	llem	ia				BETWEEN	ONSET AND DE	Alti
		IMMEDIA	E CAUSE (0)	2000								
	C- 1717- 17	1.1	DUE TO, O	R AS A CONSEQU		4 68						
-	Conditions, if a gove rise to	mmediate	(p)	tallo	x am					_		
	underlying car		DUE TO, O	R AS A CONSEQU	1 .	0	se a se					
	DART 2 OTHER C	CHIEFCANIT	(c)	PA DEIL	Kui				DITION	11511 D.		_
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CERTIFICATION		Noue  196. CONDITION FOR WH				V WAS PERF	ORMED	20e AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED	_
IFIC								YES NOW	4	IFYING CAUSES	OF DEATH	?
ERT	21g. ACCIDENT WAS	INDERLYING T	216. TIME O	FINJURY		21c HOW	NJURY OCCURR	RED (ENTER NATURE OF INJU		1	140	
	OR CONTRIBUTING	Mg.	THE THE PERSON NAMED IN	M. MONTH D				( )				
MEDICAL	(IF EITHER NOTIFY M		21e. PLACE		19	211 LOCAT	ION					
ME		WHILE		EET, FACTORY, OFFICE	FARM, ETC )	STRE	ET	CITY OR TO	NWI	COUNTY	STAI	16
		VORK				L		to Non	11	957		
7	220.1 certify that			e deceased from		d that in (m:	, 19	, to	nte and ha	,	that (I) (we	
-	DEGIVE, IT TWO	(did) (did no	t) view the body	after death	- /	DEGREE	,, (55,, 55,,,,,,,,,,,,,,,,,,,,,,,,,,,,	acom occorred on the d	ore ona no		SIGNED _	-
	GZE SHOWATURE	1	0		·	DEGREE	ATTENDING	MEDICAL STA	FF		18.87	1
	22d. PHYSICIAN'S	1200		7		22e ADDR		DIRECTOR PHYSIC	IAN 🗌		/	
											- 00/	
	JOHN FENWICK, M.D.							BLDG., LE	ONARD'	TOWN, M	D. 206	50
- 1	SURIAL, CREMATIO SPECIFY)	N, REMOVAL	111				CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STA'	TE
	BURIAL		11/18	/87 S	T. ALC	YSIUS		LEONARDT				ID.
24 FU	INERAL DIRECTOR			ADDRESS				E REC'D. BY REGISTRAR				
ED	WARD N. I	BRINSFI	ELD, JR		RDTOWN	. MD.	NO	V 9 A 4007	Luine	Sugardan-	jandett	p

788 0-8 ABA

MOVE SELECTION TO THE TOTAL TO

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

DHMH-16 25M (VRA 15, 4) 1/79

23e BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

FOR

W.Clarke Mattingley Leonardtown.MD.

11/16/87

23b. DATE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Devideon Par

236 LOCATION

Mt.Zion Church Cen./Laurel Grove STM.

7h HOUR

HOURS

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

COUNTY

22c DATE SIGNED

11-16-8

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Home

MONTHS DAYS almost the with marine

NOV 181987 frie friendlesse

Medical Colors of Page 2 2000

director, page 3

FOR - STATE

# STATE OF MARYLAND

			100
EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

	REGISTRAK				CENTI	ICAIL OI E	LATIN	REG. NO.		
	CEASED NAME	FIRST		MIDDLE	i	AST		20. DATE OF DEATH MONTH DAY YEAR 26. HOU		
TITPE	CK PRINT)	THOMAS	N	ELSON	GRE	EENWELL		NOVEMBER 21,	1987	3:30a. M
3. SE	X		4. RACE		5. DATE C		WE 4 B	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	MALE		BLAC	K	FEE	3. 21,	1900	87 YRS	AO4713	NOURS MIN.
	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	(? 8.	D NEVER	AAPPIED T	BALTIMORE CITY OR COUNTY	OF DEATH	
	LARYLAND		U.	S.A.	WIDOWE		VORCED	ST. MARY'S		MD
10. CI	ITY OR TOWN OF	DEATH		HOSPITAL, NURS		OR OTHER INST	TITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		OF BUSINESS OR
	ONARDTOW			MARY'S N		CENTE	R	WOOD CUTTER	SAWM	ILL
	AL RESIDENCE (# N	13b. COUN		GIVE RESIDENCE BEFO		1 13d, INSIDE C	ITY HAUTS?	13e STREET ADDRESS		
MA	RYLAND		MARY'S	LEXING		YES	NO 🔀	P.O. BOX 554	206	53
14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME		ST
	JAMES	,	WIDDLE	GREENWE	ELL	М	ARY	ANN	MAS	
	VAS DECEASED EV			166. SOCIAL SEC	CURITY NO.	17 INFORMA	NT	P. ABDRESBOX 1	71	
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-16-	-5101	AGNES	I. FEN	WICK, HOLLYWOOD,		0636
	18 CAUSE OF DE	ATH (Enter on	v one couse per	line for (a), (b), a	and (c).)					XIMATE INTERVAL LONSET AND DEATH
	18. CAUSE OF DE PART I. DE ATH	De	45							
1			/							
1	Conditions, if o									
	gave rise to									
	cause (a), str underlying co	oting the use lost.	DUE TO, O	r as a conseq	UENCE OF					
1	2.02.0		(c)							
Z	PART 2 OTHER S		emle	1		2 .	TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART I	101
CERTIFICATION	19a DATE OF OPE			ITION FOR WHIC	HOPERATIO	N WAS PERFO	RMED	20a AUTOPSY? 20b. IF YES	, WERE FINDS	INGS LISED
FIC	THE DATE OF OTE				OI ERAIIO	,, was it kie	MMED	IN CERTIF	YING CAUSES	S OF DEATH?
E	21g. ACCIDENT WAS	HINDERI VINIC F	1 21b TIME C	E INTITION		121, HOW IN	IIIIDY OCCUPA	YES NO YE  RED (ENTER NATURE OF INJURY IN ITEM TO P	S	ио 🗌
	OR CONTRIBUTING	_		M. MONTH	DAY YEAR	216 110 17 11	JOH! OCCUR!	KED ( ENSEK NATURE OF INJURY IN 115W 18 h	ART I OR PART 2)	
O	(IF EITHER NOTIFY A			M.	19					
MEDICAL	21d. INJURY OCC		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	E FARM ETC }	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK	WORK								
1	220.1 certify that				-	5/5				thou (we) lost
		eased olive on. e) (did) (did no	11/13 view the bady	after death.	, or	nd that in my	(aur) apinian i	death accurred an the date and hav		
1	226. SIGNATURE		1 A	7		DEGREE	******		22c DATE	ESIGNED
	7	X	CNO	-	L		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Cop	3/07
1	22d. PHYSICIAN'S	NAME (TYPE OF	R PRINT)			22e ADDRES			7	
	DAVID	ALLEN,	M.D.			LEONA	RDTOWN	, MARYLAND 20650		
	BURIAL, CREMATIC	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR	CREMATORY	236 LOCATION	COUNTY	STATE
	BURIAL		11/25	/87 2	ZION ME	ETHODIS	T	LEXINGTON PARK		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

or offending physician

retained by the haspital

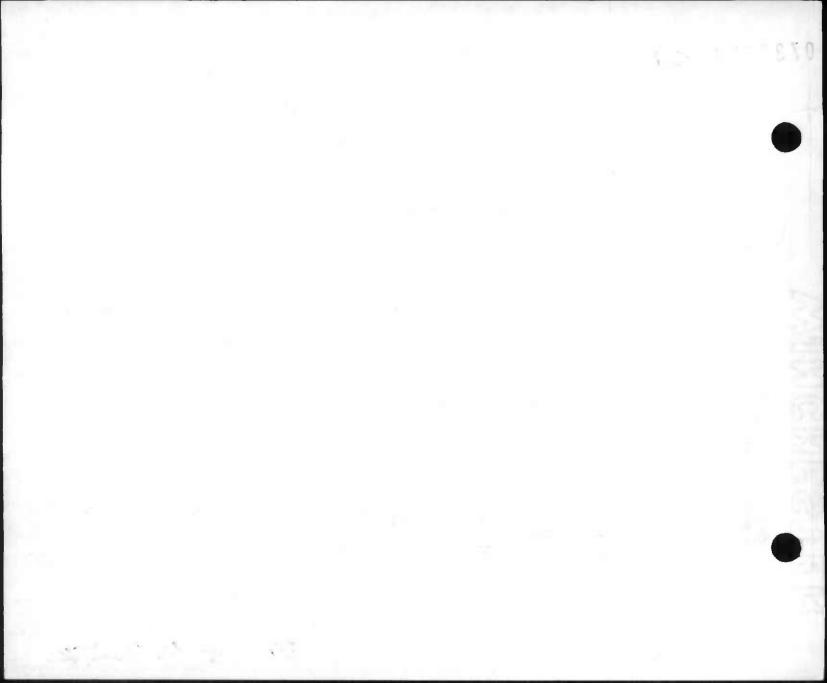
74 FUNERAL DIRECTOR
NAME
EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

LEXINGTON PARK, ST. MARY'S, MD.

REC'D. BY REGISTRAR'S B. REGISTRAR'S SIGNATURE

2 1987

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TO HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the hospitol or

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

1	.07	REGISTRAR			CEIVIII	ICAIL OI DEAI		REG. NO	).			
-		CEASED NAME FIRST JOSE		RIANNE HAM		N		20. DATE OF DEATH 7		DAY YEAR	26. HOUR / 5 3	OM
	3. SEX	X	4. RACE		5 DATE C			AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER 1 YEAR	IF UNDER 24	
		FEMALE	CAUCAS	IAN	MONTH 2	03-291" "	EAR	66	YRS	MONTHS DAYS	HOURS	MIN.
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRI		BALTIMORE CITY OF	COUNTY	OF DEATH	2	
)	MA	RYLAND TY OR TOWN OF DEATH			WIDOWE		ED 🗌	ST. MARY				MD.
	I	LEONARDTOWN, N	D. (SII. I	TARY'S HOS	PITA		ON	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOMEMAKER	WORKING LIF	12b. KIND O INDUSTRY	F BUSINES	S OR
100		AL RESIDENCE (IF NURSING HOME) STATE 13b CC		GIVE RESIDENCE BEFORE A		13d. INSIDE CITY LIA	MITS?	13e STREET ADDRESS /	ZIP CODE			
1	MA	RYLAND ST	. MARY'S	CALIFORN	IA	YES 📉 NO				DRIVE	206	19
A	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAM	E MIDDLE				
)		HARRY	MIDDLE	PALMER		CATHER	INE	WIDDLE		GOLDSBO		I
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADQR55	9 TOW	N CREEK		
4		NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	216-16-5	285	CHARLES	L. HA	AMILTON, CA				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse pouse BY:	lipe for (0), (b), and The lam		remorrhage	1217	faction		BETWEEN	MATE INTERVA	AL EATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) A	RAS A CONSEQUENT HOMETON RAS A CONSEQUENT Hypeton	NCE OF	rebroroad	~ d	nsere				
-	NO	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR COND	ITION GIV	EN IN PART 110		
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	OPERATIO	N WAS PERFORMED	)	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	IGS USED OF DEATH	?
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DAY	YEAR	21¢ HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 P	PART ( OR PART 2)		
200	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FAR	RM, ETC	211 LOCATION STREET	-	CITY OR TOW	'N	COUNTY	STA	16
		220. I certify that (I) (this had sow the deceased alive above, (I) (we) (did) (did	on 10-1	lo 19 5	6 IV	, 17.	e T	eath occurred on the dot	e ond hou	4	that (I) (we	
		226. SIGNATURE	le Mi)			DEGREE ATTENI	DING CIAN	MEDICAL STAF	AN 🗌	221 DATE	SIGNED DV 87	
		WAYNE O	FISH	ER		323 M	100	AY OR L	EXIN	4TON PA	ex M	)
	(	URIAL, CREMATION, REMOV SPECIFY) URIAL	23b. DATE 11/10		AME OF C	EMETERY OR CREMA	ATORY	23d LOCATION CITY OF TOWN LEONARDTO	WN, S	T. MARY	'S. M	D.
		INERAL DIRECTOR					25a. DATE	REC'D. BY REGISTRAR 2				
	ED	WARD N. BRINS	FIELD, JR	., LEONARI	DTOWN	, MD.	NOV	1 2 1987	lia 1	Tenden	- Lask	,
				_					-			-

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

morked or Item 18 sho

IMPORTANT: If them 21 is

FOR STATE

rector, page 3 urs ofter death

deduction of the same

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

072167 NOV	d	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG	REG. NO.	) J D	0 4
		CEASED NAME FIRST		WIDDLE	ı	AST	20. DATE OF DEATH MONT	H DAY YEAR	26 HOUR
ny be age 3 death		THEODOR	E BI	RYANT	HARRI	5	October 21.	1987	9:30 ₺
Do .	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY		# UNDER 24 HRS
ge 4		Male	Caucas	sian	Ma	7 2,1898 YEAR	89	YRS. MONTHS DAYS	HOURS MIN.
death. Page		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	MD
s ofter d	]	ry or town of death seonard town	St. Ma	ary's Hos	pital	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Carpenter-Ger	KING LIFE) INDUSTRY	ractor
AND 213	13a. S		or other institution DUNTY Mary's	GIVE RESIDENCE BEFORE  13. CITY OR TOW  Mechani	/N	134. INSIDE CITY LIMITS?	Route 5, Box	CODE 104-C	20609
MARYL, mpletely ond 2 st	14. F/	frederick	MIDDLE	Harri	s	15. MOTHER'S MAIDEN NA FIRST Elizal		LAS J	ones
medical		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU 578 0	7 337.	17. INFORMANT	ADDRESS	dress as #	
that the death careful by the stilled and careful priviles as a remove carbon page of, cremation, or removal revent,	V. T.	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	ENCE OF	h with Des.	coagula	tro Vasa	MATE INTERVAL ONSET AND DEATH
DRDS, 20	NOT	Acota He	gatitos				ninal disease or conditio		
AI RECC	CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOXX	IF YES, WERE FINDIN CERTIFYING CAUSES YES [	OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offer this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE FITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH DA	AY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART ?)	
OIVISION of PHY of this fire this sthe but hand M	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
R ATTENDIN RECTOR: A red for use of ppt. of Health		220 I certify that (1) (this fic saw the deceased alive above, (1) (XeX (did) (dX			8/1, or	d that in (my) (our) opinian	death accurred an the date ar		that (XXve) lost causes stated
ral OR Ay the has val DIREC detached ore Dept.		22b. SIGNATURE	14			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRE TOR   PHYSICIAN	224. DATE	SIGNED /87
O HOSPIT etpined by TO FUNER should be with the Str		na Physicians Name A	- 1			22e ADDRESS  Leonardtown	MD 20650	/	1
BP	23a. f	BRIAL EREMATION, REMOV	7	,1987 <sup>2</sup> ₩8	NAME OF C	EMETERY OF CREMATORY e Baptist Chu etery	23d LOCATION	nt Hill, V	STATE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR IVES-Pearson Funeral Homes Falls Church, Vanness 22046

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OF 1987

0.750

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 1 7 0 6 NOV 13 67 STATE REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF Barbara Jo Johnson 87 DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH 7:00 IF UNDER 24 HRS DATE Female 19 VDS OUR PRONOUNCED 11 19 87 02 1968 Cauc. DEAD 10 - 30DAY IS NECESSAL O THE FUNERAL! PAGE 5 FOR YO 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X U.S.A. Washington, D.C. St. Mary's County WIDOWED -DIVORCED O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Rt. 235, S of Rt. 5 Fed. Govt. Mechanicsville Secretary SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) La Plata In STATE | 13d. INSIDE CITY LIMITY: 13a STREET ADDRESS | YES | NOXX 15 Quailwood Parkway LaPlata MD Md. Charles FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mcvey Lowell MIDDLE Mary Johnson Patrick 7. INFORMANT 16b. SOCIAL SECURITY NO TYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No N/A 215-96-2541 Mr. Lowell P. Johnson Same as 13 A-E 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IEF MEDICAL EXAMINER ALONG W SED AS A BURIAL - TRANSIT PERMIT. F HEALTH AND MENTAL HYGIENE, D IAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Craniocerebral trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PENDING" MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION S CERTIFICATE SHOULD RITING THE WORD "PE RDED TO THE CHIEF A SE 3 SHOULD BE USED. TE DEPARTMENT OF HE, OI PRIOR TO BURIAL, O USED / OF HE/ RIAL, 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO CAUSE OF DEATH Passenger 2:50PM 10-30+87 auto/fixed object collision TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE WRITING: PAGE 4 SHOULD BE FORWARDED TO TO FUNEAL DIRECTOR: PAGE 3 SHG AFTER DEATH, WITH THE STATE DEPAGE BALTIMORE, MARNAMIN, 21201 PRIO 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. AT WORK AT WORK STREET, FACTORY FARM ETC.) Rt. 235, S. of Rt. 5, Mechanicsville, St. Mary County, MD 220. I certify that I taak charge of the remains described above, held on death resulted fram: Notural couses Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED\_10-31-87 M.D. Deputy Chiaforal Examiner SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn Street Baltimore MD21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 11/03/87 Blue Ridge Mem. Cem. Beckley West Va. Burial Raleigh 07/B4 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 25M 25b. REGISTRAR'S SIGNATURE 6633 Old Alexander Ferry Rd Clinton MD 20735 **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

SPECIAL CONTRACTOR OF THE SECOND STATES OF THE SECO 

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A. A. C. C. Commission for the Commission of the

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5 9 NOV	g	FOR TATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		IENES /	.; .) o.	5) 0	-
		CEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
deoth deoth	1	EVEL	YN FLORENCE	ROGERS	10.1	November	12. 1987		5:35 M
er d	3 SE	X	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF UND		F UNDER 24 HRS
200	Fe	emale	Caucasian	November 2	7,1910	76	YRS.	5 DAYS	HOURS MIN.
(9/1)		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED XX NEVER		9 BALTIMORE CITY O		EATH	
JE 2		irginia	U.S.A.	The second secon	DIVORCED	St. Mar	y's Coun	tv	MD
811	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		STITUTION	120 USUAL OCCUPATE	ON 121		BUSINESS OR
2/6	1	Leonardtown		Hospital		Homemaker	, WORKING (IPE)	Home	
21	JsU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	CITY LIMITS?	13e STREET ADDRESS	7 JD CODE		
R	Ma		Mary's Chaptic		NO 🛣	P. O. Box		20621	1
AC	14.3	THER'S NAME	MIDDLE LAST		R'S MAIDEN NAM				
8	1		William Dalton	Ethe:	1 EIRST	Florence	ce W	right	
11		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORM	ANT		SS P. O. 1		94
4			N/A 578-14-2	343 Louis	se McElw		otico, M		
1						•			ATE INTERVAL SET AND DEATH
vent			lly one couse per line for (01, (b1, one D BY: TE CAUSE (0)	ter In	lumone	0		ac. wggiv ojv.	V. 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
ofic e		MINEDIA	DUE TO, OR AS A CONSEQUE	NCE OF					
n n		Conditions, if ony, which	(b)	INCE OF					
er tro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
		underlying couse lost.	(6)	INCE OF					
-		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATE	D TO THE TERMI	NALDISEASE OR CON	DITION GIVEN IN	PART No	
	o N	Lecurer	1 Cerebrovas	eulan a	ander	62			
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	200 AUTOPSY?	206 IF YES, WEF	RE FINDING	S USED
7	THE					YES NO	YES		NO [
1		21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Y YEAR 21t. HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 O	PART 2)	
E CA	CAL	OR CONTRIBUTING CAUSE OF DEA	MIN .	19					
ō	MEDICAL	21d INJURY OCCURRED	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCAT		CITY OR TO	wn c	OUNTY	STATE
K W	>	AT WORK AT WORK	TAT HOME STREET, PACTORY, OFFICE, P	ARM, ETC)		/			
E			tol) attended the deceased from_	11/12	19.89		19	77_, the	ot (II (we) lost
		sow the deceased alive on above, (I) (we) (did) (did no	ti view the troop ofter death.	27 ond that in (my	y) (our) apinion d	leath occurred on the do	ote and hour and	from the co	uses stated
		22b. SIGNATURE		DEGREE			2	20 DATE SIG	GNED
		//	14		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	11/12/	197
7	1	22d PHYSICIAN S NAME TIME	u torolli	22e ADDRE	SS			1117	-
T AND		James	G. Boyd, M.D.	Le	eonardto	wn. Md. 206	50		
3		BURIAL CREMATION, REMOVAL		AME OF CEMETERY OR		23d. LOCATION			
	B	irial	11/14/87 Ft	. Lincoln C	emetery	Brentwood	Princ	e Geoi	rge s MD
A 7/B4	24. F	UNERAL DIRECTOR Lee	Funeral Home, In			REC'D. BY REGISTRAR	75t. REGISTRAR'S	SIGNATUR	
	3		erry Rd Clinton,		MOA	18198/ 4	lia Devidas	M. Kanal	W.
000									

23a BURIAL CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

23b. DATE

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH 2b. HOUR NOV 87 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS 1987 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARY'S DIVORCED 20 USUAL OCCUPATION 126, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS 516 MIDWAY DRIVE NO [ 20653 15 MOTHER'S MAIDEN NAME MIDDLE LAST DAWNA GRIEBEL **JEAN** 516 MIDWAY DRIVE GREGORY K. RUMPF, LEXINGTON PARK, MD. 20653 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 206. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 7 NOV 8 HOSP PAX RIV MD 20670 23¢ NAME OF CEMETERY OR CREMATORY 23d, LOCATION CITY OR TOWN 11/13/87 WHITE CHAPEL CEMETERY WICHITA, SEDGWICK, KANSAS

250. DATE REC'D BY TOO RAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

ofter (

NOV

director, page 3

FOR - STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

4 67	REGISTRAR				CERTIT	ICAIL OF	DEATH		REG. NO.				
101	CEASED NAME	FIRST		MIDDLE	ſ	AST		20. DATE OF DE		1 DAY	YEAR	2b HOUR	
(179)	PE OR PRINT)	CLAUI	nne	T	RUSSELL			Nov.	1, 198	7		2015	
3. SE	X	Chao	4. RACE		5. DATE C	)F BIRTH		6. AGE (IN YEAR		-	NDER I YEAR	IF UNDER 24 HR	
	MALE		CAUCAS	TAN	A DD	L 28,	1 0 0 9	70		MONT	HS DAYS	HOURS MIN	
70. B	IRTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF		RY2 8			79 9 BALTIMORE		INTY OF	DEATH		
	COLORADO				MARRIE		MARRIED -		MARY'		DE/1111		
	ITY OR TOWN OF DEA	ATH	II. NAME OF	A.	WIDOWE RSING HOME C		NORCED [	120. USUAL OC			25 KIND C	OF BUSINESS O	
				H FACILITY, GIVE ST	REET ADDRESS)		3111011011	(TYPE OF WORK FO	R MOST OF WORK		NDUSTRY	// PO2#4£33 C	
HSII	Leonard to		St	Mary	s Hosp	Ltal		BARBE	R .				
130.	STATE	136 COUN	VTY	13c CITY OR T	OWN		CITY LIMITS?	13e.STREET ADI					
	ARYLAND	ST.	MARY'S	LEXINO	GTON PK.		ио 🗌		TMAN D	RIVE	200	653	
14. 17	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA		AIDDLE		LAS	šī.	
1	ALMON		LAUDE	RUSSEI		J(	DSEPHINE	Ξ			ROGE		
	WAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORM	ANT		ADDRESS HA	RTMAN	DRIV	VE	
	YES		V.II	572-07	7-2378	MRS.	CORA H.	RUSSELL	. LEXI	NGTON	PARI	K, MD.	
	18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line far (a), (b)	, and (c).)						APPROX BETWEEN	IMATE INTERVAL	
	PART I. DEATH W		D BY: E C AUSE (a)	MYMEAN	Lux &	nlar	Lin						
		MANAGEDIA				- ton							
	DUE TO, OR AS A CONSEQUENCE OF										2 ms		
	Conditions, if ony, which gave rise to immediate (b) Including black Disease												
	couse (a), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF										SIZMO		
			(c)										
z	PART 2 OTHER SIGI	VIFICANTO	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE O	RCONDITION	1 GIVEN #	N PART 10	a	
CERTIFICATION													
CA	190 DATE OF OPERA	TION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	20s AUTOPS				NGS USED OF DEATH?	
RTIF								YES N	0	YES [		NO 🗌	
Ö	216. ACCIDENT WAS UNI	_	21b. TIME O	FINJURY M. MONTH	DAY YEAR	21c HOW I	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1	OR PART 2)		
CAL	OR CONTRIBUTING		111		19								
MEDICAL	21d. INJURY OCCUR	RED	21e PLACE			211 LOCAT	ION		ITY OR TOWN		COUNTY	STATE	
\$	WHILE NOT WE AT WORK	HILE	(AT HOME STE	EET, FACTORY, OFF	ICE, FARM ETC }	ZIKEI	:1		IT OR IOWN		LOUNIT	STATE	
	22a.1 certify that (1)	-	tal) attended th	e deceased fra	ım			10 //-	Š	105	27	that (I) (we) la	
	saw the decease	ed alive an	11.3	. 19	(C)	id that in (my		death occurred a	n the date and	d haut one			
	abave, (Hiwe) N	did) (did na	t) view the bady	after death.		DEGREE					22c DATE		
	228. 31017/10/10	11	0			JEGREE	ATTENDING _	MEDICAL	STAFF			4.87	
		145		5			PHYSICIAN L	DIRECTOR			1.,	101	
	22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDRE	SS						
	John	a F. I	Penwick,	M.D.		L	eonardto	own, Md.	20650				
	BURIAL, CREMATION,	REMOVAL	23b. DATE	2	3c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO	N				
BU	(SPECIFY) URIAL		11/7/	87	CHARLES	MEMOR	TAT CAR	D. LEONAL	PDTOLIN		MADV	S. MD.	
	UNERAL DIRECTOR					TILLIOI		E REC'D. BY REG					
ED	NAME NUADD NI DE	TNCET	EID ID	ADDRES	SS A D D TOTAL	M	NOVC	9 1987	- who will	widow	-Nond	;	
لاند	WARD N. BF	TIQUIT	ELU, JK	., LEUN	AKDIUWN	, MD.		- 1001	11		_	1	

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TO FUNERAL DIRECTOR. After this certificate has been signed by the otter should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, MPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other traum

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital ar

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### STATE OF MARYLAND

072799 NOV 2	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.								
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
nay be page 3	AD	OR PRINT)	MAUDE	ST. CLAIR	November 20, 19	987 1201 A.M.				
4 may tar. pag after dé	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
Page 4	FE	MALE	WHITE	Apr.04, 1899	88 YRS	The state of the s				
o in by	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUN					
the fundament of the fu	MARYLAND 10. CITY OR TOWN OF DEATH		U.S.A.	WIDOWED DIVORCED		MD.				
			11. NAME OF HOSPITAL, NU	RSING HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	17b. KIND OF BUSINESS OR				
		APTICO	RT. 234 .P.O	AT HOME						
	USU.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION) OWN 13d, INSIDE CITY LIMITS	2 13e STREET ADDRESS / ZIP CO	DE Zip.				
8 3 5		ryland ST.	MARY'S CCHAPTI		RT. 234 , P.O.	BOX 366,20621				
RYL,	14. EA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  ING PHYSICIAN: The law requires that the death certificate be Recured with  After this certificate has been signed by the attending physican and camplete os the bund-transit permit. Then please remove carbon papers. Pages Food 2  th and Mental Hygiene prior to burial, cremation, ar removal.  and Mental Hygiene prior to burial, cremation, ar removal.	PR	ESTON B. COOKS		EMMA G. P	ILKERTON					
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT		APTICO ,MD.				
	NO		212-56	-2308 NANCY A. S	T.CLAIR RT. 234	,P.O.BOX 366				
		18 CAUSE OF DEATH (Enter of	inly one couse per line for on, (b.	), apd (c),)	C. +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
			ATE CAUSE (o)	ideo l'espualer	1 Church					
			DUE TO, OR AS A CONS	QUENCE OF C	<b>*</b>					
	CERTIFICATION	Conditions, if ony, which ( (b) Unburned Utilities								
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
		underlying couse lost.	(c)							
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO REATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d								
		19a DATE OF OPERATION	ES, WERE FINDINGS USED							
	TEX					TIFYING CAUSES OF DEATH? YES NO				
N OF VITAL  SICIAN: The ag physician principle in the pri	E E	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM TO	B PART I OR PART 2)				
ON OF 'YSICIA' HYSICIA' ding ph ding ph burial-tr Mental ar Hem J	¥	OR CONTRIBUTING CAUSE OF DE	AIN	19						
HYS anding this of the or the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE				
DIVISION DING PER After the easthe of the and	Σ	WHILE NOT WHILE AT WORK	(AF HOME, STREET, FACTORY, OFF	ICE, PARM, ETC.)						
R ATTENDO haspital at RECTOR: A hed for use ept. of Heal		22a. I certify that (I) (this hasp	pital) ptrended the deceased fro		82,10 11-30	19 6 , that (1) (we) last				
		sow the ecepsed alve o	ot) view the body ofter death.	9 81 , and that in my (our) apin	non death occurred on the date and h	our and from the causes stated				
		27b. SIGNATURE	101	DEGREE	on v	22c. DATE SIGNED				
TAL O y the XAL D detacl detacl ate Do		1	7 & Bunke	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	11-20-87				
SPITAL d by th NERAL be deto the State I TANT. If		22d. PHYSICIAN'S NAME (TYPE								
TO HOSPITAL TO FUNERAL should be deter with the Store		HENRY BURKE								
10 share with the state of the		HENRY BURKE, MD  13a. BURIAL, CREMATION, REMOVAL 13b. DATE 13c. NAME OF CEMETERY OR CREMATORY 13d. LOCATION 13d. LOCATION 13d. LOCATION 13d. LOCATION 11/23/87 11/23/87 11/23/87 11/23/87 11/23/87 11/23/87								
BP										
DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR		25a.	DATE REC'D. BY REGISTRAR 25b. REGI					
(VRA 15, 4)	LAT	PEHART FINERAL	HOME THE LA	PLATA MD. 20646	10V 2 3 1987 Julia,	Devider Randales				

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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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		- 11	REGISTRAR				~~~~	TEATE OF BEATH	REG. N	0.		
	1	1. DE	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
0 04	NOV :	25 67 FRANCIS XAVI					R UNKLE		November		1987	7:45Pm
Ter po		3 SE	X		4. RACE		5. DATE		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
ecto urs of			MALE		WHITE		OCT. 10 7 191 fear		76	MOINTHS DATS	THIS DATS HOURS MIN.	
di.	SL		RTHPLACE (STATE OR FOREIGN OUNTRY)		76. CITIZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH		Y OF DEATH	
1	1	1	MD.		(IF NOT IN SUCH FACILITY, GIVE STREET AL		WIDOWED DIVORCED GHOME OR OTHER INSTITUTION				3	MD. 126. KIND OF BUSINESS OR CONSTRUCTION
的語言	16	5	ry or town of DEA eonardto									
Med in ould be	36	13a S		136 COUN ST.M	OTHER INSTITUTION ITY IARY S	GIVE RESIDENCE BEFORE	ADMISSION) RNIA	13d. INSIDE CITY LIMITS? YES NO Z	13 STREET ADDRESS BOX	ZIZ 5031	E/20619	
18 /		MJ.	THER'S NAME	^	MIDDLE	LAST	-	15. MOTHER'S MAIDEN NA	ME		141	6.7
de de	01	V	ROBERT	DO	ÜĞLAS	UNKLE		ROSA	LEILA	A	RIDO	SELL .
0 7	2	Ide. V	VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRI			
044	9/		NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES	213-18-	0650	FRANCES A.	UNKLE,	SAM	E AS 1	3E.
0.0			18 CAUSE OF DEATH	1 (Enter anl	y one cause per						APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
the death certified the attending phy emove corbon personation, or remover troumatic event		PART I. DEATH WA		DBY: E CAUSE (a)	CARDIA	CF	RRRSI				A CONTRACTOR	
	DIIC					BAS A CONSEQUE	NCE OF				- In	
	000		Canditions, if ony,		( (b)	ACUTE	MY	OCARDIAL I	NFARCTIO	N	8	ZYAO
		gave rise to imm cause (a), stating		DUETO	R AS A CONSEQUE							
by tose II, cre			underlying cause last.									
signed hen ple to burio	nlury, or	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO DIA BRTRS MBLLITUS									
mit.	1	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED						20a AUTOPSY? 20b. IF YES, WERE FINDINGS USE			
hos		IFIC							YES TI NOT		FYING CAUSES	OF DEATH?
ronsit Hygie	Sugar	H H	21a. ACCIDENT WAS UND	ERLYING	21b. TIME C			21c HOW INJURY OCCUR				
rtific pl-tr	Tem 10		OR CONTRIBUTING C			M. MONTH DA M.	Y YEAR					
S ce buring		MEDICAL	21d INJURY OCCURR		21e PLACE		19	211 LOCATION				
the the	0	M	WHILE NOT WHI	NE []	(AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
Aft e os	o E				et) attanded th	o despect from	11/1	4 10 8	1 1/18		10 8 1	al a di Casta
HES	S		22a.1 certify that (1) (this keypinal) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19									
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DIR	1		778. 30.300	1	B	11 m	~	ATTENDING )	✓ MEDICAL _ STA	FF	11. DATE	IG CO
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d be	X X							22e ADDRESS		,		
should be det	2	_				tt, M.D.			fornia, Mo	į.		
	1		URIAL, CREMATION, F		23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY OHN'S CEMBTE	23d LOCATION	MOOD	COLCITY IV	STAMD.
P			BURIAL	1	11-21-	-0/ ST	. 00					140.
		24 FI	INFRAL DIRECTOR					25a DA	TE DEC'D BY DECISTDAD	256 DECICT	TRADIC CICALAT	CLUDE

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CLARKE MATTINGLEY, LEONARDTOWN, MD.